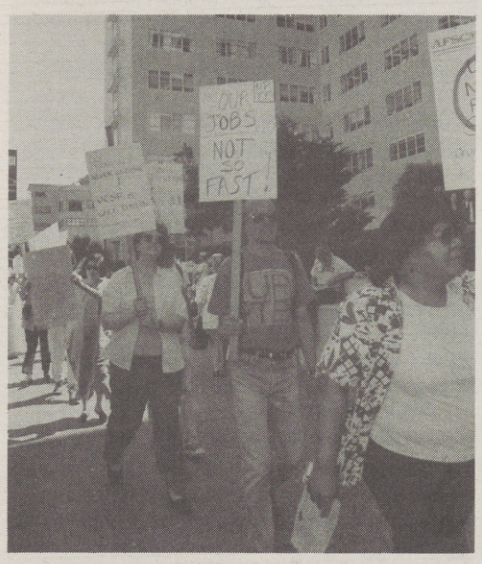
Volume 11, Number 10 May 18-31, 1996

UCSF Newsbreak



UCSF employees picketed outside the Medical Center on Parnassus recently to protest the proposed merger with Stanford. Below, Susan Cieutat, a nurse in the pediatric Intensive Care Unit, voiced her concerns at the May 3 town hall meeting.

UCSF officials discuss merger at town hall

By JEFF MILLER

In an attempt to explain the economic realities behind the proposed merger with Stanford, and allay fears that the UCSF Medical Center is being "sold," Chancellor Joseph Martin, School of Medicine Dean Haile Debas and Medical Center Director Bill Kerr held a town-hall meeting on May 3 in the Millberry Union gymnasium.

A standing-room only crowd of nearly 500 people heard a grim analysis of the impact of managed care, market forces and declining federal subsidies on teaching hospitals, which by definition, must secure an adequate patient base for the training of medical students and residents.

Securing this base has become increasingly difficult. Over the past five years, patient days at the Medical Center have declined 28 percent. There has been a 10-fold drop in operating gain as well, from $9.5 million in 1990 to just over $1 million last year. As Kerr explained, the "profit" represented by the operating gain allows UCSF to invest in new technology and facilities.

"If we do not invest in new technology and clinical programs, we will no longer attract the patients who come to us for state-of-the-art solutions to their health care problems," Kerr added. "The institution cannot survive for long as a break-even operation."

The proposed new corporation — to be headed by an independent transition board consisting of UCSF and Stanford representatives — would have the complicated task of weaving together new departmental and personnel policies and deciding program priorities that would affect not only UCSF's Parnassus-based hospitals and clinics, but also UCSF/Mount Zion, Stanford Health Services and the Lucile Salter Packard Children's Hospital. Because this process involves decisions about staffing levels, salaries, terms and conditions of employment, and the scope and functions of different departments and programs, it has sparked concern, and in some cases, alarm, among Medical Center employees.

Although respectful, some questioners remained skeptical of the merger process, the new corporation that would result, and the motives of those making the decisions. Union representatives were particularly critical, concerned as they are about the future of their bargaining contracts in a private corporation governed by the National Labor Relations Act and not the Higher Education Employer/Employee Relations Act.

The responses from Martin, Debas and Kerr — which they explained were sometimes constrained by the legal requirements surrounding the delicate negotiations — all echoed the same reality, that the continued financial health of the Medical Center was at stake and that any jobs lost or changed by a bold move now would offset the more painful cuts that could arise if UCSF tried to go it alone. Partnerships are the best reaction to the marketplace, Chancellor Martin asserted. Moreover, Martin reminded the audience, the proposed merger of two strong institutions creates "an extraordinary opportunity to create together the world's best academic health center."

Although the full impact of the proposed merger remains unclear, some points raised at the meeting bear repeating.

♦ **The Medical Center is not being sold.** Both Stanford and UCSF would transfer their medical enterprises to the new nonprofit pub-

(See **TOWN HALL** *on page 7)*

Regents call for more discussion on merger

As Newsbreak went to press, a committee of the UC Regents called for more time to study the proposed merger between UCSF and Stanford.

At its May 15 meeting at Laurel Heights, the Health Services Committee discussed having a special meeting of the committee to address a number of questions related to legal and other issues. A meeting could be scheduled in the next several weeks.

After hearing from UCSF officials who outlined the merger proposal, the committee encouraged the campus to continue discussions with Stanford and expressed general support for the concept. However, committee members raised legal questions about the transfer of the Medical Center to a nonprofit corporation and said employees' concerns about layoffs, wages and retirement benefits still need to be addressed.

The proposed merger, which involves only the clinical enterprises at both institutions, would need to be approved by the Regents and by the Stanford Trustees as well.

In other action, the committee forwarded the proposal to execute a merger agreement between the UCSF Medical Group and the California Pacific Medical Group for the purposes of managed care contracting in San Francisco to the full Board of Regents for discussion at today's meeting.

Warming surgical patients prevents complications

By SANDY BURNETT

Keeping body temperature normal during surgery significantly reduces the chance of surgical and post-surgical complications, according to researchers from UCSF and Austria.

Typically, body temperature of surgical patients decreases about 4 degrees Fahrenheit due to anesthesia and exposure to cold operating rooms, says principal investigator Daniel I. Sessler, director of the Thermoregulation Research Laboratory in the UCSF Department of Anesthesia and professor of anesthesia at the University of Vienna, Austria.

In one study, published in the May 9 issue of The New England Journal of Medicine, patients kept at normal temperatures had only a third as many infections as those experiencing typical hypothermia, a condition when body temperatures drop below normal.

This study follows recent work by the same research group, which included Andrea Kurz of the UCSF department of Anesthesia, that found that patient warming also decreases blood loss during hip replacement surgery. "We now have two major independent studies showing that even mild hypothermia markedly worsens patient outcomes," says Sessler.

In the study of wound infections, investigators studied 200 patients undergoing colon surgery in three Austrian hospitals. Patients were randomly assigned to either routine operating room care (in which case they became hypothermic) or extra warming

(See **WARM** *on page 7)*

Cultivating appreciation for vegetables

By LISA CISNEROS

Taking part in a school garden project, UCSF researcher Maradee Davis is attempting to boost children's vegetable intake — no easy feat when most kids would rather be eating french fries.

An associate professor of epidemiology and biostatistics, Davis says people are "disconnected from their food source," and as a result, are not eating as healthy as they should. "Few kids in this area know where their food comes from or learn how vegetables grow," Davis says. "As an epidemiologist, I am concerned about the impact of children's disconnection with their food source on their nutrition and health."

Combining three missions of UCSF — teaching, research and public service — Davis is involved in a project with the SFUSD that gives local students hands-on experience cultivating a variety of vegetables in school gardens. Davis is studying fourth-graders working in school gardens, transformed with the help of teachers, parents and volunteers, into "living laboratories," where lessons about science, math, nutrition and the environment come to life.

Evidence suggests that food choices are, in part, based on environmental factors such as availability of and exposure to a food, as well as an influence of parents, friends and the media, Davis explains.

Later this month, Davis, Joan Fair, a UCSF doctoral student, and others will conduct the second round of taste tests to assess the impact that growing seven types of vegetables has had on students' preferences for them. Davis' hypothesis is simple: Children who grow vegetables are more likely to want to eat them than those who do not grow their own. To evaluate the influence of the garden, Davis will survey three gardening and three non-gardening classes participating in the project.

So far, students seem to be excited about eating the produce of their labor, says Molly O'Malley, a SFUSD science resource teacher. "A whole class enjoyed a salad bar lunch recently." It's important that classroom lessons about nutrition are reinforced with what students eat from the garden because what's served in most school cafeterias does not, O'Malley says. Indeed, a recent USDA survey showed that nearly one-quarter of all vegetables consumed by children are deep fried potatoes, often the most popular item on school lunch menus. That same study also found that only one in five children eats five or more servings of fruits and vegetables per day.

O'Malley, along with two other SFUSD teachers formed the group BUGS, or Building Urban Gardens for Schools, not only to educate students about nutrition, but also to improve the school environment and get parents and community members more involved in school. "Often parents keep their distance because they don't feel as comfortable or academic in school," O'Malley says, "but they may be experts in gardening and cooking."

Davis became involved in this project after attending a small farm conference where she met Roberta Jaffe, co-author of "The Growing Classroom," an award-winning garden-based science curriculum developed by Life Lab Science Program Inc. Teachers using the curriculum across the US report that children will eat what they grow.

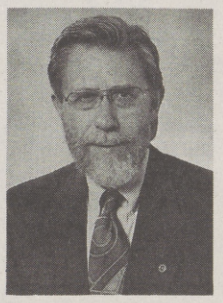
Developing garden-based programs to teach students new skills and to motivate them to make healthful food choices is gaining ground in education circles. Delaine Eastin, state schools chief, and Ellen Haas, undersecretary of Agriculture, USDA, formed a partnership last year to improve the nutrition, health and education of California's children. St. Helena Elementary School was chosen as the pilot test site for the newly established California Team Nutrition and Garden Project.

O'Malley says more support is needed to establish gardens in urban areas, where open, unpaved space is rare. Davis, a consultant on the citywide plan to grow more local food to promote individual as well as environmental health, agrees. Those who would like to volunteer their time to the school garden project can call Davis at 476-2528.

'Let the patient beware,' expert says of health care

By GAIL GORDON

George D. Lundberg, editor of the Journal of the American Medical Association, said today's health care has revived an old adage—with a twist: Regrettably, "Let the buyer beware" has been replaced in America by "Let the patient beware," he said addressing a large audience at Cole Hall on May 10.



Lundberg

"For every 24 hours lived in this century, we as a society have added seven hours to the average expected life span of Americans. That's a fantastic achievement," Lundberg said. "But there are many problems facing us."

Chief among them: cost, access to and quality of health care.

"We're told we can solve all these problems by utilizing good management," Lundberg continued. "We have plenty of money, plenty of doctors, plenty of facilities. Why do we have problems? It must be a management problem."

Management. Managed care. "You're wallowing in it like crazy now," Lundberg said.

Why do we have managed care? In a capitalistic society, he explained, the numbers are irresistible. Get people to switch from their fee-for-service plan to a thrifty HMO. "They think they're getting the best deal they ever saw, and [the for-profit managed care companies] have to hire Brinks trucks to carry the money to the bank," he said.

While the public perception is that fraud and greed are the culprits, the main cause of the high cost of health care is actually due to a variety of factors including inflation, the increased number of elderly, new and expensive technology, professional liability, AIDS, for-profit health coverage and "futile" care.

The number two reason, according to Lundberg, is access. Fifty-five percent of the US population is uninsured. Lundberg said he has no problem with the elite having "boutique" health care, as long as everybody else has basic coverage. But in the US, a large section of the population with middle and low incomes has no health insurance, an unacceptable reality for a nation that considers itself civilized, he added.

(See **LUNDBERG** *on page 2)*

Gazette

Gold-Headed Cane nominees describe qualities of "true physician"

By GAIL GORDON

Students Susa Coffey, Anne Kastor and Emily Sedgwick have been nominated to receive this year's Gold-Headed Cane award, the highest honor a graduating medical student can receive.

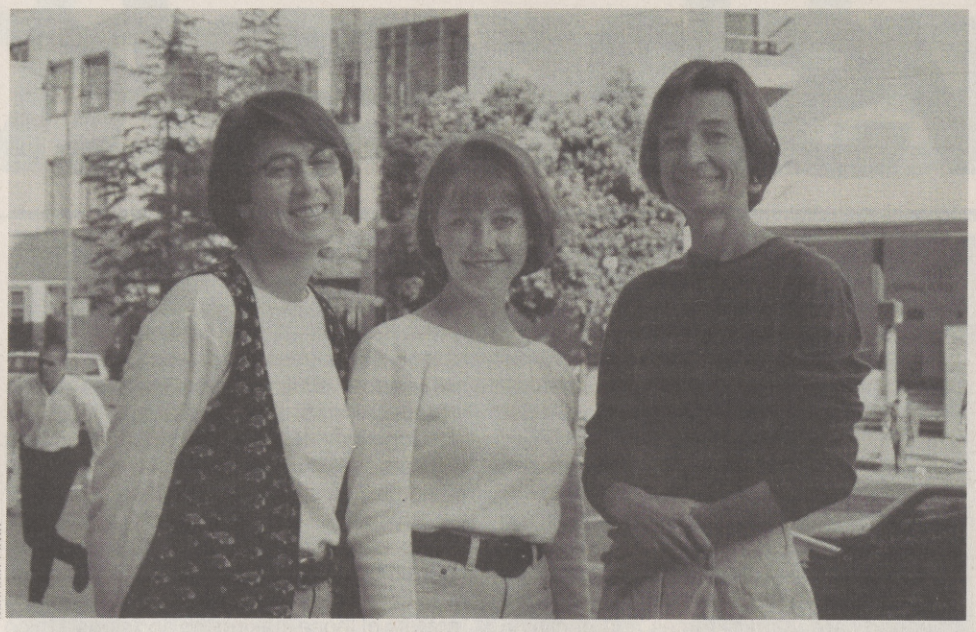
A tradition at UCSF since 1939, the award will be presented at the commencement ceremony at the Masonic Auditorium on Friday, May 24. Students nominated for the cane are judged by classmates and faculty as best exemplifying the qualities of a "true physician." Last week, the three nominees described what qualities they think such a physician would have and also elaborated on how they would like to see the nation's health care system reformed.

Coffey says a "true physician" would be a great clinician and scientist, but would also truly care about his or her patients and have a balanced personal life.

"I want to give very high quality, cutting-edge health care with a real sense of who individuals are in the context of their lives. My reason for pursuing primary care medicine is to learn to work skillfully and well with underserved people, particularly those with HIV disease. In a personal way, I feel I'm addressing one of the problems of our current health care system: Why isn't anyone addressing where poor and uninsured people are going to come under the umbrella of managed care?

"I hope universal health care coverage is a realistic possibility, but I don't see it happening within the agenda of the current leadership, and I don't see the obvious solution among the ones that are at the foreground at this time," Coffey says.

To classmate Kastor, who also plans a career in primary care medicine, the "true physician" is someone who puts the needs of his or her patients first, but does not assume what those needs are. "It's also someone whom patients feel they can trust and confide in, and work with in a partnership," Kastor says. "Someone who can work well with a variety of people within the health care setting and who's concerned not only about the health of his or her individual patients, but of the community at-large.



Michele Firpo

Gold-Headed Cane nominees, left to right, Anne Kastor, Emily Sedgwick and Susa Coffey

Kastor says she hopes the nation will adopt a single payer health system in which "everyone is guaranteed health care, including mental health care. I would also like to see a greater integration of allopathic medicine with other, non-traditional and holistic forms of health care. I'm very concerned about the influence of managed care. Clinicians are being forced to spend less and less time with their patients and are sometimes required to withhold information from patients regarding treatment options.

"Affordable, respectful and compassionate health care should be available to everyone," Kastor continues. "I would like every patient to be treated the way I would want my grandmother to be treated if she were to go to the doctor. Often because health care providers are tired or frustrated, patients, particularly those who have to use the public health system, do not get treated that way."

Like Kastor, Sedgwick, who will pursue academic general surgery, plans to be an advocate for the health of the individual patient as well as the community.

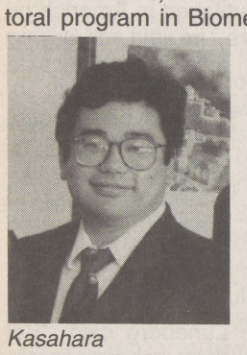
"I came from a family that didn't have health insurance and I saw how it impacted our life. One of the reasons I went into medicine was that I wanted to give care to people who couldn't afford it."

For that reason, physicians need to be politically active, Sedgwick says. "I think up to this point they've been too busy, not through any fault of their own, too busy taking care of their patients, but it's a duty to become community activists as well as activists for your patients in the clinic. Sedgwick argues that with politicval activism health care reform will come.

"I'm not sure if universal health care is realistic to achieve," Sedgwick adds, "but it's certainly something we need to strive for. Right now there's a two-tier system that basically excludes a large portion of the population, regardless of financial status. Many middle-class people are also under- or uninsured."

Kasahara wins Krevans Award

Nori Kasahara, a 1994 graduate of the doctoral program in Biomedical Sciences, has been selected to receive the Graduate Division's third annual Julius R. Krevans Distinguished Dissertation Award.



Kasahara

Named in honor of former Chancellor Krevans, the award provides $2,000 in cash and is given to a recent graduate whose dissertation exemplifies original scholarship that makes an unusually significant contribution to health sciences.

Kasahara, now an assistant professor at the Institute for Genetic Medicine and the department of Pathology at the University of Southern California's School of Medicine, was selected for his dissertation entitled, "Cell-specific Targeting of Retroviral Vectors via Ligand-receptor Interaction."

"Virus' business in life is to insert their genes into our cells," says Kasahara about the focus of his work. "What we are doing is using that mechanism, but taking out their genes and inserting the genes we want. The novel thing we've added is...a targeted approach, rather than a shotgun approach."

The work has opened the possibility of in vivo gene therapy which could make gene therapy a more simple, effective and economical means of treatment, says Yuet W. Kan, the Louis K. Diamond professor of hematology and laboratory medicine and Kasahara's former adviser.

Based on Kasahara's findings, Kan's laboratory has constructed other vehicles to deliver therapeutic genes where they are needed, specifically into breast cancer cells and hematopoietic stem stells. This discovery is the subject of a patent application by the Office of Technology Transfer.

Karen Preuss

Trophies for teams of teaching teens

A team of students from George Washington High School, who taught younger students about simple machines, and a team from Presidio Middle School, who taught about hot and cold chemical reactions, each won first prize in the ninth annual UCSF-sponsored Science and Health Lesson Plan Contest. Featured in the photo are, left to right, Liesl Chatman, executive director of the UCSF Science and Health Education Partnership, student winners Alex Chan, Yin Yuen, Corey Lee, Patrick Kessler, Raymond Ho and Christina Toy. Also pictured is Bob Rojas, superintendent of the San Francisco Unified School District. Absent are teachers Ruth Green from Washington and Irene Uesato from Presidio.

Private Support

UCSF is pleased to acknowledge the following gifts/pledges of $25,000 or more from individuals, corporations and foundations received April 16-30, 1996. These gifts/pledges have arrived during the final phase of UCSF's Strength to Strength fundraising campaign.

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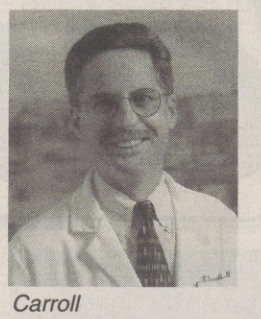
Lundberg *(from page 1)*

And even if everyone did have health insurance, there would still be language and cultural barriers limiting access to the disenfranchised, he said. "If you're a poor woman without much education and don't know what a pap smear is... what is your chance of getting a pap smear? Zero," Lundberg said.

Still, despite the ugly side of the health care business, Lundberg concluded, "Let's remember that the enemies of physicians in 1996, despite all the things we've talked about today, are not the profit-making companies, the politicians, the bureaucrats, insurance companies, hospital administrators, other physicians, no. The real enemies of physicians are not even the attorneys. The real enemies of physicians are and always will be premature death, disability, disease, pain and suffering. All the rest of that stuff is nothing but noise. Remember that, and we will preserve our profession."

Appointments



Carroll

Peter R. Carroll: Appointed chair, urology. He succeeds Emil A. Tanagho, who will remain in the department as a professor. Carroll will continue to serve as interim chief of urology at UCSF/Mount Zion Medical Center, a post he has held since 1993. Carroll also is program leader for the UCSF Program in Urologic Oncology, where he has organized a broad-based clinical and research effort directed at the study and management of a variety of urologic cancers. As chair, Carroll's goal is to further the department's standards of excellence in research, postgraduate education and patient care, develop integrated research and patient-care programs with other UCSF departments and divisions, and have members of the department assume leadership roles within the Medical Center. Before being appointed interim chief of urology at UCSF/Mount Zion, Carroll was assistant professor of urology at UCSF from 1986 to 1992. From 1984 to 1986, he served as a fellow in urology at Memorial Sloan-Kettering Cancer Center in New York.

Exploratorium credits four for AIDS leadership

Four UCSF faculty members have been honored by the Exploratorium in San Francisco for their leadership in response to the AIDS crisis.

Deborah Greenspan, Harry Hollander, Catherine Lyons and Helen M. Miramontes were named in the Gallery of Honor of the "What About AIDS" exhibit at the Exploratorium.

As a museum, the Exploratorium's mission is to make natural phenomena comprehensible to the general public. This exhibition, which runs through Sunday, June 2, is designed to illustrate how science, art and society are interrelated. It also recognizes the unique leadership of the Bay Area community in creating an effective and compassionate response to the AIDS epidemic.

Greenspan is clinical professor of oral medicine and stomatology; Hollander is professor of clinical medicine and medicine; Lyons is assistant clinical professor, mental health nursing and nurse practitioner, San Francisco AIDS Program at SFGH; and Miramontes is associate clinical professor, mental health nursing and Area Health Education Center.

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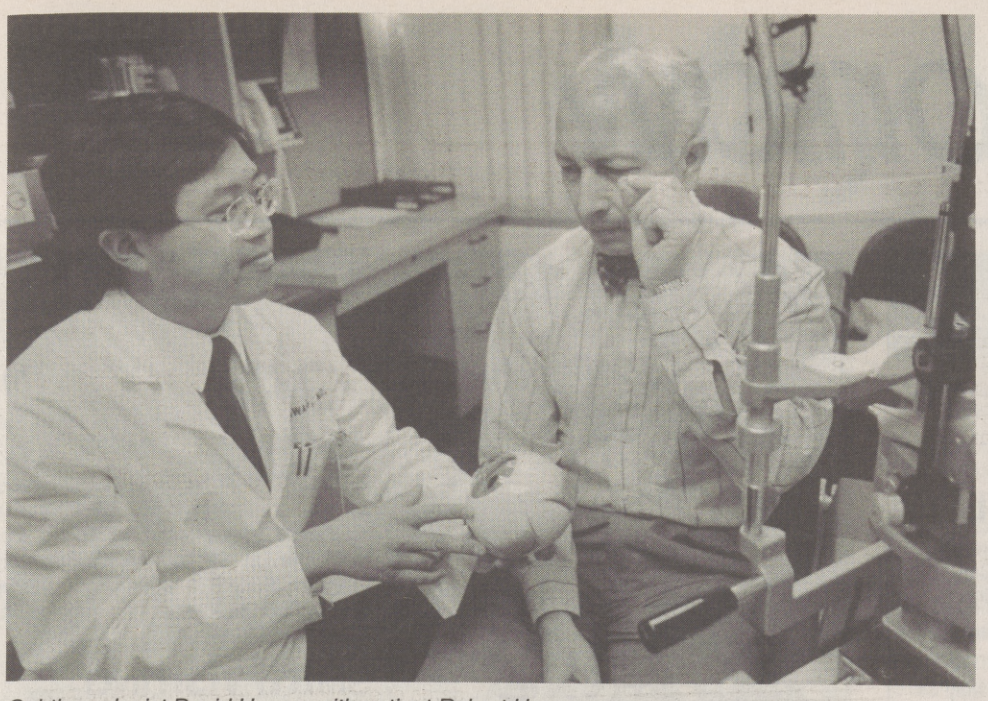
Robert Foothorap



Robert Foothorap

Ophthamologist David Hwang with patient Robert Haro

UCSF tests corneal ring for nearsightedness

By REBECCA HIGBEE

Robert Haro, 59, says he's been "married" to his glasses for 30 years. Now, he hopes to separate himself from the spectacles and not look back.

"There's a certain dependency that comes from wearing glasses that I don't and won't miss at all," he says.

Haro is one of 25 participants in a UCSF department of Ophthalmology clinical trial of the "corneal ring," a new medical technology intended to give nearsighted people clear vision without undergoing surgical procedures that permanently alter the eye.

If proven effective, the technology will one day be offered as an exciting new option in refractive surgery to correct nearsightedness, or myopia, says corneal specialist David Hwang, UCSF associate professor of clinical ophthalmology and co-investigator of the corneal ring study.

The corneal ring is a tiny transparent ring made of the same medical plastic that has been safely used for more than 40 years in cataract patients. When surgically inserted into the periphery of the cornea, the ring reshapes the cornea's curvature to correct nearsightedness. Smaller and lighter than hard contact lenses, the corneal ring is designed to remain permanently in the eye without maintenance, but can be removed by a surgeon.

"This allows people to go back to glasses or contacts, to replace the rings as their eyesight changes with age, or to take advantage of future advances in vision correction," Hwang, who was Haro's chief surgeon during the implant procedure, says. Hwang and the study's principal investigator Richard Abbott, UCSF professor of ophthalmology, are co-directors of the UCSF Vision Correction Center.

Preliminary results of the nationwide trial show that 95 percent of the corneal ring patients achieved a vision of 20/40 or better, good enough to get a California driver's license. Hwang says that so far, the UCSF results seem to mirror the national numbers. "Most patients seem to be very pleased with their outcomes," Hwang says. "The surgery seems to work best for those at the lower range of myopia, and all patients gain a sense of security by the fact that the procedure is reversible."

The surgery itself is done under a topical anesthetic and is usually completed in under half an hour. Visual improvement begins within a day after surgery.

Haro, whose left eye was implanted in April, says, "I feel no hesitation about correcting the vision in my right eye using the same procedure. I think it's absolutely wonderful."

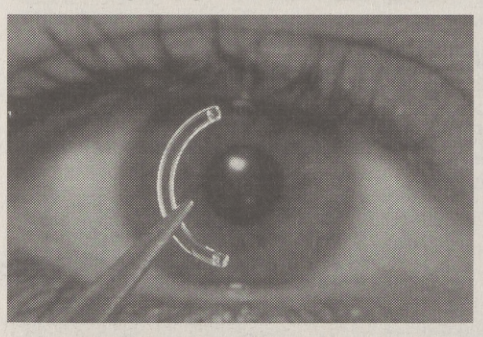
With correction, Haro's left eye has 20/20 vision. Before the surgery, his eye saw about 20/400. Haro, who is director of research at San Francisco State's Ceasar Chavez Institute, a public policy institute that looks at the way migrants and Latinos cope in the United States and California, loves the freedom and flexibility the markedly improved vision gives him.

"Already with only one eye surgically corrected, I can walk around most of the time without glasses or a contact lens," he says. "In the morning, I can look out the window and see what kind of day it will be."

Haro considers himself a risk-taker who loves the outdoors. He is a jogger, marathon runner, tri-athlete and mountain biker, and is looking forward to days ahead when he will be able to do these activities without the inconvenience of glasses.

Hwang is very encouraged by the results he's been seeing, and sees the corneal ring potentially playing a future role in vision correction technology. "This is an exciting time in vision correction research," Hwang says. "Now more than ever, those seeking better vision have many options to evaluate."

The most common method available to surgically correct vision is radial keratotomy (RK), in which four to eight incisions are made in the peripheral cornea to flatten it and refocus light rays on the retina. Many other new vision correction options are available at UCSF, including laser procedures and automated lamellar keratoplasty, a new method of removing corneal tissue to correct myopia.



Two semicircular clear plastic rings, one shown held in position at left, can be implanted in the mid-periphery of the cornea to correct mild to moderate myopia.

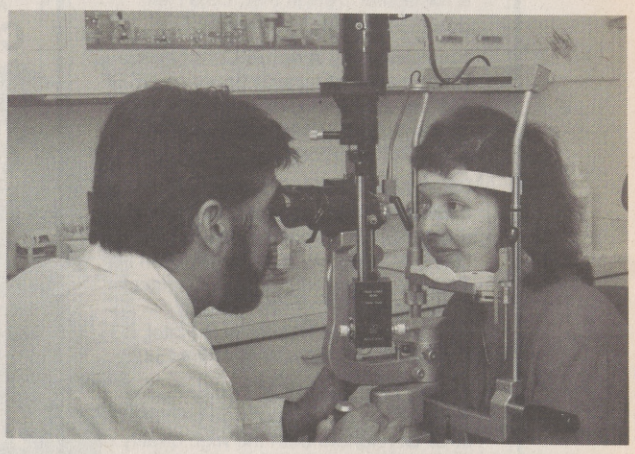
Doctors bring brighter world to woman

By REBECCA HIGBEE

Already blind in the left eye, Olga Boravaia put her trust in UCSF doctors who performed a risky cornea transplant that brought sight to her right eye. For Olga, the surgery literally has made the difference between night and day.

On her recent follow-up visit with surgeon Todd Margolis, UCSF associate professor of ophthalmology, Olga was able to read the fine print of a telephone directory with only her eye glasses. "I can't believe it! This morning I read the newspaper without the help of my magnifying glass."

When Olga came from Moscow to the F.I. Proctor Foundation, an organized research unit at UCSF that studies blinding infectious and inflammatory eye diseases, she had already lost all vision in her left eye and most in her right. Since she was a child she has suffered from the debilitating inflammatory effects of juvenile rheumatoid arthritis, an autoimmune joint disease that in up to 20 percent of patients causes chronic inflammatory diseases of the eye and can also cause buildup of calcium deposits in the cornea, known as band keratopathy, and cataracts and glaucoma.



Michele Firpo

Olga Boravaia at her checkup with surgeon Todd Margolis.

Throughout her 39 years, Olga went through countless surgical procedures to correct band keratopathy, cataracts, glaucoma, and other inflammatory conditions. Her right cornea was left scarred, swollen and cloudy. At best, she could see dark, hazy shapes and shadows, and colors were dull and lifeless.

"Because Olga had already been through so much by the time she got to us, her eye had become weaker, more likely to reject the transplant," says Margolis. "She faced potentially severe complications and a very real possibility of becoming blind."

Indeed, doctors in Russia and in the US were reluctant to perform the transplant on Olga, fearing not only rejection, but damage to her eye's ciliary body, which produces much needed fluid for the health of the eye. The surgery itself could also cause scarring or bleeding inside the eye, causing a flare-up of her ocular inflammatory condition, increasing the likelihood of blindness.

Understanding the risks of surgery, Olga had good reasons to go through with it. "I felt complete confidence in the ability and the judgment of Dr. Margolis from the first moment," she says. "I had a great sense of trust, and will forever be grateful for the superb care I received."

After her surgery on March 11, Olga remembers asking "Am I blind?" Not long after, Margolis, who was honored this year by the AOA Medical Honor Society for his excellence in medical education and patient care, and UCSF/Proctor research fellows Michelle Knox and Bruce Silverstein, who were part of the surgery team, realized with relief the answer was "no."

Discovering the overwhelming brightness of the world's colors, Olga, for the first time in many years, is now able to see with clarity the vibrant hues and tones of objects around her. She recently treated herself to a trip with friends to the San Francisco Museum of Modern Art, and acknowledged after looking at the multi-color abstract and realist paintings that she truly had been blessed.

Olga will be going home to Moscow soon to resume her job as a translator of English, French, German, Italian and Spanish books into Russian. Before the surgery, her job became too difficult, if not impossible, to manage. Olga's doctors in Russia will have to monitor her closely because there will always be a chance of rejection, Margolis says. But for now, Olga feels she has a new lease and outlook on life. "With the vision I have now, I re-experience the great pleasure of seeing things around me, and how beautiful the world is," she says.

UCSF joins forces with UC Berkeley

The UCSF department of Ophthalmology and the UC Berkeley School of Optometry are forging a partnership in patient care, education and research in vision correction technology.

Thousands of Bay Area residents could be affected by the collaboration, which brings together the research, medical, and surgical expertise of UCSF ophthalmologists and the research and vision care expertise of optometrists at UC Berkeley. The partnership will combine leading surgical correction techniques at UCSF with pre- and post-operative patient care at UC Berkeley. Through the collaboration, the two campuses plan to develop a model for cooperation between ophthalmology and optometry practitioners in the field of refractive error correction.

Web Sights

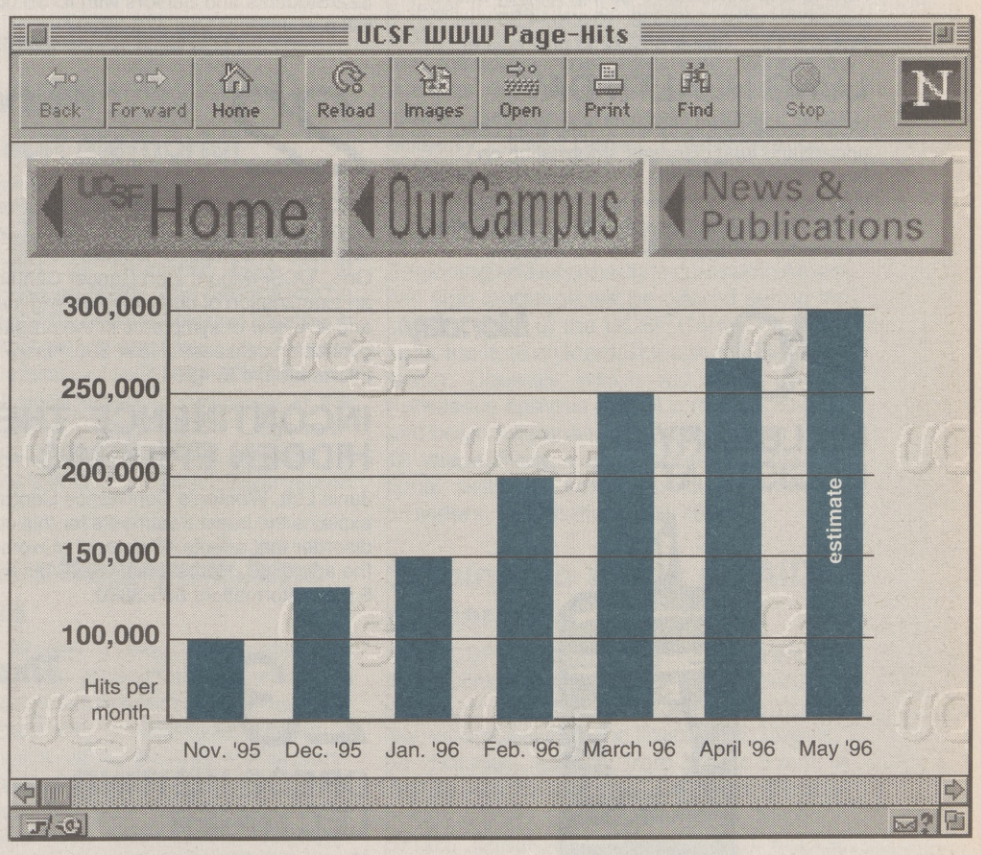
New column about Web sites debuts

One of the joys of the World Wide Web is finding useful and interesting information that either did not exist before, or that only existed for a more select audience. The UCSF Web site is no exception and that's why we created this new column, Web Sights. We will point the way to some locations on our site, as well as other sites, that are rich with data and interesting imagery. In this column, all are accessible within the A to Z listing on the UCSF Home Page.

- Center for AIDS Prevention Studies: attractive and informative with some material in Spanish as well
- Computer Graphics Laboratory: superior color graphics as you might imagine and a wonderful tiled background of the DNA molecule
- Careers in Science: considering how difficult it is to become a principal investigator these days, this still-developing site is a useful and much-welcomed source of information
- GALEN II: the entry port to UCSF's information-packed digital library
- Department of Oral and Maxillofacial Surgery: worth a visit just to see the opening image of the Golden Gate Bridge rising out of the Health Science towers

If you have technical or artistic questions about your own Web site, please review the link "Questions" on the main UCSF page.

Inside UCSF



UCSF web site takes some serious hits

The hits shown above are requests for Web documents and other files, such as images, made on the main UCSF Web site at (http://www.ucsf.edu), which is maintained by Public Affairs. They do not include hits made within individual UCSF sites. The number of unique computers requesting files on the main UCSF site now averages about 12,000-15,000 per month.

Today/Tomorrow

FOUNDERS DAY EVENTS

- Tues., May 21: **Faculty Research Lecture.** *Dockers, Topsiders, Nikes: Structure-Based Design at UCSF.* Irwin D. "Tack" Kuntz, Chem., Pharm. Chem. & Molecular Design Inst. Cole Hall. 6 p.m. Information: 476-4454.*

  Founders Day Awards Luncheon. Presentation of awards honoring UCSF staff for their extraordinary efforts. Millberry Gym. Noon-1:30 p.m. Call 476-4723 for tickets.
- Wed., May 22: **Founders Day Banquet.** Features reception, dinner and lecture honoring recipients of the UCSF Medal, the UCSF Distinction in Teacher Award winner and the Faculty Research Lecturer. $50. Grand Ballroom, Westin St. Francis Hotel, 335 Powell St. 6:30 p.m. Call 476-4454.*
- Thurs., May 23: **SFGH Today & Tomorrow.** A campus-wide celebration at SFGH honors both the high quality of patient care and the research community at SFGH, in particular the Gladstone Instututes and their contributions to UCSF. Features a luncheon for SFGH/UCSF staff with various local dignitaries, plus a ceremony honoring Merle Sande, Med. & Med. Services, SFGH, and Richard S. Brawerman, Albert A. Dorman and Richard D. Jones, trustees of the J. David Gladstone Institutes and UCSF Medal winners. SFGH. Noon.

  New Lab Open Houses: Tours of the new UCSF Lung Biology Center and the Neuroscience Laboratories at SFGH will be available immediately following luncheon listed above.*

18 Saturday

ALUMNI-FACULTY ASSOCIATION/MEDICINE HOMECOMING

- Toland Hall Mural Oral History. Robert Schindler, Oto. Toland Hall. 8:15 a.m.
- Morning Lecture Program. Alumnus of the year awards presented to Homer Boushey '68 and Kenneth Fye '68, with an honorary alumnus award going to Jack Lange. Various speakers. Cole Hall. 9 a.m.
- Awards Luncheon. Millberry Conf. Center. Noon.
- Dinner Dance. Westin St. Francis Hotel Grand Ballroom, 335 Powell St. 7:15 p.m.

Call Valerie Margol at 476-1471 for reservations.

WOMEN'S RESOURCE CENTER WORKSHOP: *Stuffing The Self, Starving The Soul: How to End Compulsive Eating.* Melody Marks, psychotherapist. $40-$50. 10 a.m.-4:30 p.m. Room S 157. Call 476-5222 to pre-register.*

LUNG HEALTH DAY

UCSF presents this forum to help the public understand lung diseases. Information on everything from asthma to how to stop smoking, plus lectures and screenings. 10 a.m.- 4 p.m. UCSF/Mount Zion Cancer Center, 2356 Sutter. Information: 885-3882 or 994-LUNG.*

20 Monday

MILLBERRY REGISTRATION

Begin registering for most summer classes. Millberry Fitness Center. 7 a.m.-7 p.m. Information: 476-1115.*

MCB CHILD CARE CENTER OPENS

Applications for enrollment for two-to-five year olds is currently under way. The center is located at 15th & Folsom in the Mission Center Building. To enroll or for more information call the Child & Elder Care Referral Service at 476-2692.*

CAP & GOWN RENTAL

The Millberry Union Bookstore begins renting graduation regalia today. 9 a.m.-6 p.m. Call 476-8719 or 476-6336 for more information.

- Graduate Division: Through Thurs., May 23. $28.95.
- School of Nursing: Mon., May 20-Fri., May 31. $28.95. Rentals end at 2 p.m.
- School of Dentistry: Mon., June 3-Fri., June 14. Paid for by department.
- School of Pharmacy: Mon., June 3-Fri., June 14. Paid for by department.
- School of Medicine: Already distributed. Call 476-8081 for more information.

FRIENDS OF LANGLEY PORTER ANNUAL MEETING AND LUNCHEON: *DHEA: The Fountain of Youth?* Owen Wolkowitz, Adult Psychopharmacology Clinic, LPPI. $40. Harris' Restaurant, 2100 Van Ness. Noon-2 p.m. Information: 476-7033.*

21 Tuesday

NEW EMPLOYEE BENEFTIS ORIENTATION: S 214. 8:30-10:30 a.m. Call Lenard Florendo at 476-1073 to schedule.

UCSF/MOUNT ZION BROWN BAG LECTURE: *Dynamic Health in Motion.* Judy Hoffman and Carol Watson-Brand, senior trainers, Dynamic Health & Fitness Institute, offer posture and ergonomic tips for dynamic walking, hiking and running. Sponsored by Public Service Programs. Herbst Hall, UCSF/Mount Zion. Noon-1 p.m. Information: 476-4394.*

HISTORY OF HEALTH SCIENCES/ BIOPHARMACEUTICAL SCIENCES LECTURE: *Pills, Profits & Propriety: The Early Pharmaceutical Industry in Britain.* Tilli Tansey, Wellcome Inst. Hist. Med., London. N 217. Noon-1 p.m. Information: 476-2766.*

INSTITUTE OF HEALING ARTS & SCIENCES MEDITATION CLASS: Ongoing meditation class. C 417. Noon-1 p.m. Call 563-4459 to register.*

REFRACTIVE SURGERY SERVICE EDUCATIONAL SEMINAR: *Better Vision Now.* David Hwang, Oph., Cornea Serv. & Eye Bank, explains new surgery options for the correction of nearsightedness and astigmatism. Beckman Vision Center, 8 Kirkham. 6 p.m. Call 476-5021 for reservations.*

INSTITUTE FOR HEALING ARTS & SCIENCES QIGONG SEMINAR: Effie Chow, East/West Academy for Healing Arts, explains Qigong, the practice of cultivating Qi (chee) — your breath and vital healing force. HSW 302. $22/Students and Seniors with ID $5.00. 6-8 p.m. Information: 476-3939.*

22 Wednesday

BROWN BAG LECTURE SERIES: *Preventing Gynecologic Cancer: Simple Steps Toward Women's Wellness.* C. Bethan Powell, Gyn. Onc., UCSF/Mount Zion Cancer Center, offers an examination of current screening methods and a review of symptoms in the progression of gynecologic disease. HSW 300. Noon-1 p.m. Information: 476-4394.*

INCONTINENCE: THE HIDDEN EPIDEMIC

Janis Luft, Women's Continence Center, explains the latest treatments for this common disorder that affects 40 percent of women over the age of 65. Herbst Hall, UCSF/Mount Zion. 6 p.m. Information: 885-3890.

23 Thursday

CREDE VISITING LECTURER

(See item in Upcoming Events on page 5.)

26 Sunday

CARNAVAL PARADE

Millberry Arts & Performances sponsors a group of dancers from UCSF/SFGH in this colorful international parade. $25 registration fee, plus costume expense. 24th & Mission. 10 a.m. Information: 476-6761.*

28 Tuesday

INSTITUTE OF HEALING ARTS & SCIENCES MEDITATION CLASS: Ongoing meditation class. C 417. Noon-1 p.m. Call 563-4459 to register.*

LEAKE LECTURE

Science and Government: Reflections of a California Cracker in King Harolde's Court. Zach Hall, Natl. Inst. of Neurological Disorders & Stroke, presents the 1996 Chauncey Leake lecture. Cole Hall. 3 p.m. Reception follows at 5 p.m. at the Faculty Alumni House.

29 Wednesday

GET COMMUTING FACTS

(See story, vanpool survey on page 6.)

BROWN BAG LECTURE SERIES: *Pills & Pain: They Can Help and They Can Hurt.* Peter Koo, Pharm., explains the pharmacological approaches to pain control and their consequences. HSW 300. Noon-1 p.m. Information: 476-4394.*

WOMEN IN LIFE SCIENCES RESEARCH SEMINAR: *The Changing Biomedical Research and Health Care Environments: Implications for Careers of Young Biomedical Scientists.* Renee Williard, Clin. Pharm. & Center for the Health Professions. N-217. 3-4 p.m. Reception to follow.

SCHULTE VISITING PROFESSOR

Jerome P. Richie, Surg. & Uro., Harvard, has been chosen by the Urology residents to be the 1996 John Walter Schulte visiting professor.

- Wed., May 29:*Advances in Diagnosis and Treatment of Bladder Cancer.* HSW 302. 4:30-6 p.m.

  Screening for Prostate Cancer: Dollars & Sense. St. Francis Yacht Club. 6:30 p.m. Call 885-7723 to pre-register.
- Thurs., May 30: *Management of Testis Cancer: Evolving Therapeutic Options.* HSW 302.. 4:30-6 p.m.
- Sat., June 1: *Management of Localized Prostate Cancer in 1996.* HSW 300. 10:25 a.m.

SFGH PSYCHIATRY DEPARTMENT COMMUNITY ADVISORY BOARD PRESENTATION: *"Despair."* Film explores serious mood disorders and provides diverse medical, psychological and social perspectives on its treatment. Producer Harriet Koskoff answers questions after the showing. 5 p.m. Mission Acute Day Treatment Center, 755 South Van Ness Avenue. Information: 206-8413.

STEINBACH MEMORIAL

(See item in Upcoming Events on page 5.)

30 Thursday

TAY-SACHS SCREENING: Tay-Sachs screening for pregnant couples. Sponsored by the Reproductive Genetics Clinic and part of the California Tay-Sachs Disease Prevention Program. Suite 810, 350 Parnassus. Opens 9 a.m. Call 476-4080 for an appointment and more information.*

SMITH VISITING PROFESSOR

Diabetic Ketoacidosis. Daniel Foster, Internal Med., U Texas Southwestern Med. Center, Dallas. Lloyd "Holly" Smith Visiting Professorship sponsored by Dept. Med. N 225. Noon-1 p.m.

31 Friday

NAHM RESEARCH LECTURE

Variation in Nursing Practice: Asset or Liability? William L. Holzemer, Community Health Systems, presents the 16th annual UCSF School of Nursing Helen Nahm Research Lecture. N 225. 10 a.m. Information: 476-1805.*

INSTITUTE OF HEALING ARTS & SCIENCES PRESENTATION: *Mindfullness Meditation in Modern Medicine.* Ken Farber explains a wellness program for people with stress, chronic pain and stress-related illness based on work by Jon Kabat-Zinn. N 721. Noon-1 p.m. Call 330-5353. (Followed by workshop on Mon., June 3.)*

CONTINUING EDUCATION

MEDICINE

For program information, call 476-4251. To register, call 476-5808 unless otherwise noted.

Current Issues in Anatomic Pathology. SF. Thurs.-Sat., May 23-25.

Family Practice Board Review Course. Hotel Nikko, SF. Mon.-Thurs., July 8-11.

Clinical Care of the AIDS Patient. Sun Valley, Idaho. Thurs.-Tues., Aug. 1-6.

Essentials of Primary Care: A Core Curriculum for Practice in the Managed Care Era. Squaw Creek, CA. Sun.-Fri., Aug. 11-16.

DENTISTRY

For information and registration, call 476-1101.

Comprehensive Care in General Practice — Periodontal Considerations. UCSF. Sat., May 18.

Update in Periodontics for the Dentist & Hygienist. UCSF. Sat., June 1.

DEVELOPMENT & TRAINING

For more information call 476-4032.

Contracts and Grants Worksop. Tues., June 4. 9 a.m.-noon. $40.

Supervisor's Guide to Performance Evaluation. Wed., June 5. 8:30 a.m.-4:30 p.m. $40.

VOLUNTEER PROGRAMS

Programs to acquaint prospective volunteers at the Medical Center are offered regularly by Volunteer Services. For orientations at UCSF/ Parnassus, please call 476-1196. For orientations at UCSF/Mount Zion, call 885-7353.

THE NEXT DEADLINE

Monday, May 20, 1996 is the deadline for items to be listed in the next calendar, which covers **June 1-28, 1996** (four weeks). Complete information must be received in our office in writing by 11 a.m. on that Monday. Send information for calendar items to Michele Firpo at (michele_firpo@quickmail.ucsf.edu), mail it to Box 0462, send a fax to 476-3541, bring it to UCSF/Laurel Heights, 3333 California St., Suite 103 or call 476-3257. To submit an article for Newsbreak/Medsounds e-mail Lisa Cisneros at (lisa_cisneros@quickmail.ucsf.edu), fax her at 476-3541 or call 476-3256.

May 18-31, 1996

REGULAR MEETINGS & ONGOING SUPPORT

SUNDAYS

HEALING GARDEN WORKING DAYS: Second & fourth Sun. of month. UCSF/Mount Zion Cancer Center Healing Garden, 2356 Sutter. Call 885-3693.*

MONDAYS

DROP-IN SUPPORT GROUP FOR WOMEN LIVING WITH HIV/AIDS: Free child care and beverages provided. A 45. 11 a.m.-1 p.m. Call 476-2417 or 476-7795.*

HEALTH PROFESSIONALS IN RECOVERY: For physicians, nurses, dentists, pharmacists, PhDs and others. Anonymous, 12-step emphasis. Meets bi-monthly. Noon. Call 476-8279.

UCSF STAFF COUNCIL MEETING: Second Mon. of month. Noon-2 p.m. Call 476-5756.

FRIENDS OF LOIS AL-ANON MEETING: Closed meeting: for friends & families of alcoholics only. Rm 521, MCB. Noon. Call 626-5633.*

COLORECTAL CANCER SUPPORT GROUP: Second and fourth Mon. of month. Room 114, UCSF/Mount Zion Cancer Center, 2356 Sutter. 6:30 p.m. Call 885-3693.*

MELANOMA SUPPORT GROUPS: For patients & family members. Meets monthly on a Monday. Room 114, UCSF/Mount Zion Cancer Center, 2356 Sutter. 6:30-8:30 p.m.*

AIDS HEALTH PROJECT MEDITATION & SELF-HYPNOSIS WORKSHOP: Weekly discussion group for anyone dealing with HIV or AIDS in themselves or others. Gazebo Rm., Davies Med. Cntr. 7-9 p.m. Call 476-3902.*

TUESDAYS

SFGH CIRCLE OF SISTERS: Networking forum for black women working & studying at UCSF/SFGH. Meets monthly. Call 476-5222.

MULTIPLE HELPERS OUTREACH NETWORK SUPPORT GROUP: For victims & survivors of violent trauma. Ages 15 & over. A 222, LPPI. 10 a.m.-noon. Help-line at 759-7923 provided daily, 7 a.m.-10 p.m.*

CAMPUS AMNESTY INTERNATIONAL MEETING: First Tues. of the month. MU 111W. Noon-1 p.m. Call 566-8406.*

UCSF GOSPEL CHOIR REHEARSAL: Weekly at MCB. Noon. Call 476-6761.*

PARKINSON'S DISEASE EDUCATION & SUPPORT GROUP: For people with Parkinson's & their caregivers. Third Tues. of month. Christ Church, Lutheran, 1090 Quintara (at 20th Ave.). 2-4 p.m. Call 476-9276.*

NURSES' PAIN ASSOCIATION MEETING. Second Tues. of month. C 254. 5:30-7:30 p.m.*

BRAIN TUMOR SUPPORT GROUP: First Tues. of month. C 130. 7:30-9 p.m. Call 284-0208.*

WEDNESDAYS

GAY, LESBIAN, BISEXUAL ASSOCIATION AT UCSF MEETING: Second Wed. of month. Members of the Chancellor's Committee on Gay, Lesbian & Bisexual Issues attend. Call 282-9650.

SUPPORT GROUP FOR FAMILY/FRIENDS OF THOSE WITH MENTAL ILLNESS: For those interested in psychiatric disorders & treatments. Call Laura Deering-Mayclin at 476-7394.*

LATIN AMERICAN CAMPUS ASSOCIATION MEETING: Second Wed. of month. HSW 508. Noon. Call Lucia DeLeon at 476-2010.

LATIN WOMEN COALITION: For Latina faculty, staff & students. Noon-1 p.m. Call 476-7117.*

PARNASSUS AL-ANON MEETING: For friends & families of alcoholics. Observers welcome. C 417. Noon-1 p.m. Call 626-5633.*

TAI CHI CLASSES. UCSF/Mount Zion Cancer Cntr. Healing Garden, 2356 Sutter. Noon. 885-3693.*

ALCOHOLICS ANONYMOUS MEETING: Closed meeting: alcoholics only. Conf. Rm. 3, 1st fl., MCB. 12:05 p.m. Call 621-1326.*

MULTIPLE HELPERS OUTREACH NETWORK SUPPORT GROUP: For victims & survivors of violent trauma. Ages 15 & over. Two locations & times: A 222, LPPI, 1-3 p.m., and N 517, 7-10 p.m. Help-line also provided daily, 7 a.m.-10 p.m. at 759-7923.*

TRAUMA/INJURY SUPPORT GROUP: Twice a month on Wed. SFGH Library, Bldg.30, Room 3101. 2:30-4 p.m. Call Laurie Barkin at 206-8402 or Dr. Yigal Ben-Haim at 753-1000.

BREAST CANCER SUPPORT GROUP: J 223, UCSF/Mount Zion Cancer Cntr., 2356 Sutter. 6:30 p.m. Call 885-3693.*

SAN FRANCISCO CITY CHORUS REHEARSAL: 7 p.m. Call 765-SONG for locations and audition information.*

EATING DISORDERS SUPPORT GROUP: Open to anyone dealing with an eating disorder in themselves or others. M 688. 7-8:30 p.m. Call 332-3425.*

CO-DEPENDENTS ANONYMOUS MEETING: 12-step program for people who have dysfunctional relationships. LPPI A119. 8-9:30 p.m. Call 432-3529.*

THURSDAYS

AWAKE MEETING: AWAKE (alert, well and keeping energetic) is a support and education group for people with sleep apnea and their families. Third Thurs. of month. Bring CPAP equipment for check-up. Call 885-7886.*

UCSF GOSPEL CHOIR REHEARSAL: Weekly rehearsals at Parnassus. Noon. Call 476-6761.*

HEAD & NECK CANCER SURGERY SUPPORT GROUPS: Separate groups for patients and patients' families meet simultaneously on the second and fourth Thurs. of each month. J 221, UCSF/Mount Zion Cancer Cntr., 2356 Sutter. 1-2 p.m. Call 885-7623.*

PARNASSUS PLAYERS: UCSF's theater group meets regularly. Call 476-6761 or 476-9012 (day) or 821-5701 (evening).*

ASSOCIATION OF CLINICAL RESEARCH NURSES MEETING: Meets every other month, alternating between UCSF & Stanford. 5:45-7:30 p.m. Call 476-0683.*

SUPPORT GROUP FOR WOMEN LIVING WITH LIFE-ALTERING ILLNESS: Alternate Thurs. 6-8 p.m. Call 775-2854 to pre-register.*

FRIDAYS

CIRCLE OF SISTERS: Networking forum for black women working & studying at UCSF. Second & third Fri. of month. Noon-1 p.m. Call 502-5666.

WEIGHT WATCHERS MEETING: S 159. Noon-12:45. Call 476-5193.*

ALCOHOLICS ANONYMOUS MEETING: Closed meeting: alcoholics only. C 417. 12:10-1 p.m. Call 621-1326.*

LAKESIDE SENIOR MEDICAL CENTER CAREGIVER SUPPORT GROUP: First Fri. of month. $10 per meeting. 2501 Ocean Ave. at Junipero Serra. 2-4 p.m. Call 986-2305.*

For information on 12-step and support groups call the Bay Area Self-Help Center at 882-6235 or the Mental Health Association of San Francisco at 882-6230.*

INFORMATICS CLASSES

The UCSF Library offers the following free classes held in S 165A (EC) or 222 Library (PC). Call 476-2337 for a complete schedule.

- Mon., May 20: *Introduction to the Internet.* 10 a.m.-noon. (EC)
- Mon., May 20: *The World Wide Web.* 1-3 p.m. (EC)
- Wed., May 22: *Advanced EndNote® for Macintosh.* 3 p.m. (EC)
- Thurs., May 23: *Listservs and Usenet Groups.* 9-11 a.m. (EC)
- Fri., May 24: *Writing for the World Wide Web: An Introduction to HTML.* 10 a.m-noon. (EC)

BREAST CANCER SCREENING SCHEDULE

Women can have low-cost mammograms — X-rays to screen for breast cancer — from a mobile van that travels to convenient locations in the Bay Area.

Women need the approval of their physician to have the mammogram, in addition to their doctor's full name, address (including room number & zip code) and phone number to assure that results are mailed promptly. The procedure takes approximately 20 minutes and costs $65. To make an appointment call 476-2193 between 9 a.m. and 3 p.m.*

***Open to the public**

Upcoming Events

Commencement ceremonies

Graduate Division
The Graduate Division commencement will be held on Friday, May 24 at 10 a.m. in Cole Hall. Keynote speaker will be Eloy Rodriguez, professor of environmental studies at Cornell University and former visiting professor and research scientist in pharmaceutical chemistry at UCSF on "Empowering Recent Health Science Graduates in the American Winner-Take-All Society."

School of Medicine
The School of Medicine commencement will be held on Friday, May 24 at 2 p.m. at the Nob Hill Masonic Center, 1111 California St. Keynote speaker will be Daniel Lowenstein, associate professor of neurology, neurological surgery and anatomy, on "Dreams, Doctors and Fireflies." At the ceremony, the Gold-Headed Cane Award will be presented to one of three nominees. (See story on page 2).

School of Dentistry
The School of Dentistry commencement will be held on Saturday, June 15 at 11 a.m. at the Nob Hill Masonic Center, 1111 California St. Keynote speaker will be Harold Slavkin, director of the National Institute for Dental Research.

School of Nursing
The School of Nursing commencement will be held on Friday, May 31 at 6 p.m. at the Nob Hill Masonic Center, 1111 California St. Keynote speaker will be journalist Suzanne Gordon.

Department of Psychiatry
The Department of Psychiatry commencement will be held on Friday, June 7 at 1 p.m. in Toland Hall, followed by a reception at the Faculty-Alumni House. Keynote speaker will be Nancy Kaltreider, UCSF professor of clinical psychiatry and director of medical student education, whose talk is titled "Get a Life."

School of Pharmacy
The School of Pharmacy commencement will be held on Saturday, June 15 at 4 p.m. at the Nob Hill Masonic Center, 1111 California St. Keynote speaker will be John Flaherty, UCSF associate professor of clinical pharmacology.

Visiting lecturer addresses primary care

Larry Green, professor and chair of the department of family medicine at the University of Colorado Health Sciences Center, will lead a two-day series of grand rounds as the sixth annual Robert H. Crede Primary Care Visiting Lecturer.

On Wednesday, May 22, from noon to 1 p.m., Green will speak on "TheUncharted Frontier of Practice-Based Research" in Carr Auditorium, SFGH. From 3:30 p.m. to 4:30 p.m. he will present the Family and Community Research Seminar, "Collaborative Research Experience of the Ambulatory Sentinel Practice Network" in MU 3 East Conference Room. On Thursday, May 23, from 8 a.m. to 9 a.m., Green gives "A Scouting Report from the Frontier of Practice-Based Research" in HSW 300. From noon to 1 p.m. his subject is "Where are the Compelling Research Questions of Primary Care?" in N255. Green's concluding presentation, "The Future of Primary Care: A Report from the Institute of Medicine," will convene from 5 p.m. to 6 p.m. in A 455. Information: 476--5250.

Commute workshop

(See story, vanpool survey on page 6.)

Steinbach memorial

The department of radiology invites all to attend a memorial service for Howard Steinbach, professor of radiology, medicine and pediatrics, on Thursday, May 30 at 5:15 p.m. in Room N225. The service will be preceded by the first annual Howard Steinbach memorial lecture to be given by Donald Resnick, professor of radiology at UCSD and chief of the department of radiology at the San Diego VAMC, speaking on "Degenerative Diseases of the Vertebral Column." A reception will follow at 6:15 p.m. Information: 476-1918.

Women's Resource June lectures

The UCSF Women's Resource Center presents workshops throughout the month of June beginning with "Know Your Garden: Our Medicine, Our Food," a walking exploration of San Francisco's sacred plant life led by storyteller ChoQosh Auh-ho-oh, on Sunday, June 9 from 10 a.m. to 5 p.m. On Thursday, June 13, Chronicle food writer Laxmi Hiremath gives a free cooking demonstration called "A Taste of Tropical India" from noon to 1 p.m. in Toland Hall. Then master the basics of personal money management with certified financial planner Leona Lau's "Investing Basics" on Saturday, June 15 from 10 a.m. to 1:30 p.m. in Room C130. Information: 476-5222.

Sooy Lecture

"Assessment of Outcome in Head and Neck Cancer" will be the topic of the 1996 Francis A. Sooy Lecture given by Ernest Weymuller Jr., professor and chairman of the department of otolaryngology-head and neck surgery at the University of Washington. The program, which will include case presentations by chief residents Tracy Eriksson, Peter Hwang and Todd Kingdom, will take place on Saturday, June 15, from 9 a.m to noon, in Toland Hall.

Self-defense for women

The UCSF rape prevention education program will sponsor two self-defense classes for women with Kung Fu black belt Nina Haft. On Saturday, June 15 from 10:30 a.m. to 5:30 p.m. the basics of street-wise personal safety, defense and escape methods will be taught. A level II class on Saturday, June 29 from 1:30 p.m. to 5:30 p.m.will review basic skills and introduce more advanced techniques such as defending against knife and gun attacks. Both sessions meet in Studio 2 at the Millberry Fitness Center. Pre-registration is required. Information: 476-5222.

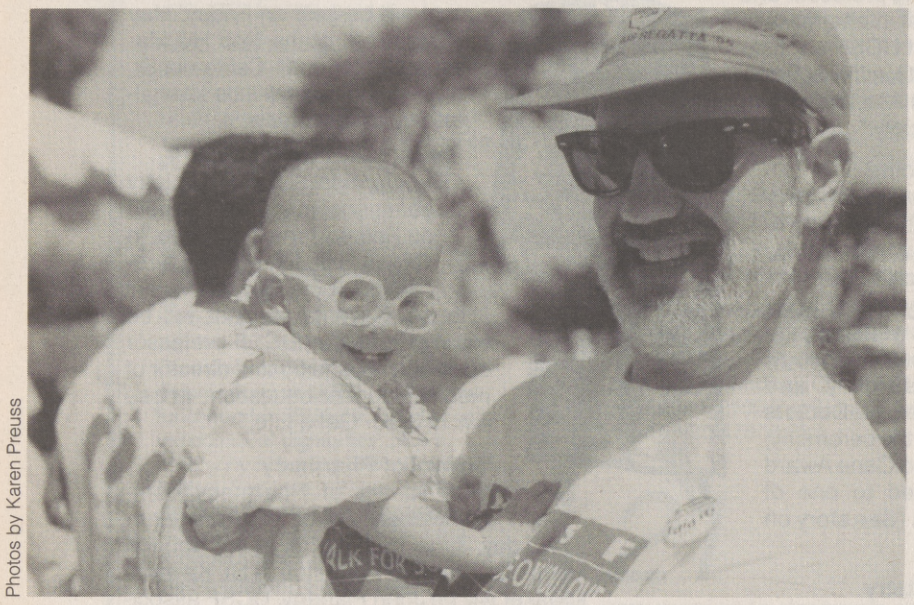
Learn sign language

Beginning and intermediate courses in American sign language will be offered during the summer term of the UCSF Center on Deafness' Institute on Mental Health and Rehabilitation. Classes, which will meet on the Parnassus campus from 4 p.m. to 5:30 p.m. and begin Friday and Saturday, June 17 and 18 respectively, will emphasize conversational skills for mental health and medical providers. Information: 723-7694.

Seminar to focus on AIDS research

The UCSF Center for AIDS Research and the AIDS Clinical Research Center will sponsor a seminar, "AIDS Dementia Complex: Neuropathogenesis and Therapeutic Targets," on Thursday, June 20, from 3:30 to 5 p.m. in the Gladstone Institute of Virology and Immunology Library Conference Room, 5th floor, SFGH. Speakers will be Lennart Mucke, UCSF associate professor of neurology, and Richard Price, UCSF professor of neurology and chief of neurology service at SFGH. Information: 476-4082, x84245.

UCSF team walks to give babies a healthy start



Photos by Karen Preuss

Nearly 100 walkers in the UCSF contingent that participated in the April 27 March of Dimes WalkAmerica event raised more than $7,000 in the 10K fundraiser to help prevent birth defects and infant mortality. UCSF team members included clockwise, left to right,: UCSF first-year medical students Kanwal Gill, Andy Shin and Alicia Chang; Kyle Gift with mother, Rosalie Gift, administrative assistant in pediatrics and Ciaran Sullivan, and his daugther, Briana, family members of Jill Sullivan, a patient care manager in the intensive care nursery at Moffitt/long.

Get ready for AIDS Walk on Sunday, July 21

The UCSF AIDS Walk Committee is busy rallying community support and campus participation for the Tenth Annual AIDS Walk slated for Sunday, July 21 in Golden Gate Park.

Students, staff and faculty are encouraged to join the UC team in the fun fundraising 10K walk that benefits AIDS service and education providers, including the UCSF AIDS Health Project.

Those who can't walk at the event are asked to sponsor a walker or volunteer at the event. For more information about the UCSF team, call Martha Geraty, co-chair of the UCSF AIDS walk committee, at 476-4394. For general information about the walk itself, call 392-WALK or visit the Web site at http://www.bonsai.com/aidswalksf/

Fun Zone

Register for summer classes

Registration for summer classes offered at the Millberry Fitness Center begins Monday, May 20. People can sign up for classes by mail, fax or by dropping off a registration form at the Millberry Central Desk. Those who do not receive a new class catalog through the campus mail can call 476-1115.

Get tips for better golfing

The Millberry Fitness Center holds a one-day workshop to teach golfers strengthening and flexibility exercises to improve their game on Wednesday, May 29, from 6 to 8 p.m. Cost is $15 for students and Millberry members; $18 for employees and $20 for the public. For more information, call 476-1115.

Join intramural sports at UCSF

Faculty, staff and students can signup for intramural sports in softball, basketball, volleyball or towerball beginning Monday, June 3. All skill levels are welcome and no team is needed to participate. Call the Intramural Sports Office at 476-0356 for more information.

Learn canoeing basics

Learn the basics about strokes, equipment and trip planning in Outdoors Unlimited's introduction to canoeing scheduled for the weekend of June 8 and 9. The classroom session is slated for Monday, June 3 at 7 p.m. For more information, call Outdoors Unlimited at 476-2078.

Enter EMPACT! raffle

Tickets are now on sale for EMPACT's eighth annual raffle drawing to be held, Wednesday, June 12. Grand prize is an Apple Performa 6214CD and color monitor. Tickets for the fundraiser, which supports UCSF employee activity programs, cost $1. Those who sell the most tickets can win an Apple lap top computer. Tickets can be purchased at Millberry Central Desk (weekdays from 8:30 a.m. to 9 p.m.) or through EMPACT! satellite representatives. For more information, call EMPACT! at 476-2675.

Medical Call Board

Osteoporosis

The Center for Osteoporosis and Bone Health at UCSF/Mount Zion is seeking women for three different research studies investigating alternative therapies for osteoporosis. All study volunteers will have a bone density measurement for screening purposes.

Some studies focus on the investigation of medications that are being tested to determine whether they prevent the loss of bone density and need volunteers who are currently not taking hormone replacements. Participants for the first study must be 47 to 60 years old and have had their last menstrual period at least six months ago. For the second study, women aged 55 to 75 can apply, if they have had their last menstrual period over five years ago. For more information, call Margaret Hammond-Green at 885-7867.

In the last study, other medications are being tested to determine whether they will impact on osteoporosis by stimulating the body to build new bone in areas where it has been lost. Participants need to be 55 or older and have had their last natural period at least five years ago. These volunteers must be on estrogen replacement therapy. For more information, call Sarah Sanchez at 476-5548 .

Muscle function

The UCSF Department of Radiology is looking for healthy, non-smoking, sedentary men and women to participate in ongoing studies of muscle function and fatigue. As part of an NIH study on muscle function during healthy aging, researchers at the VAMC are seeking volunteers between the ages of 20 and 40. Researchers will obtain measures of muscle function during rest and exercise. Measures of physical activity and muscle size will also be obtained. Studies will take place at the VAMC and volunteers will be compensated for their time. For more information, call Peter Allen at 750-2158.

Balance, posture

The Division of Orthopedic Surgery at SFGH is recruiting subjects for a study on perception of balance and posture. The experimental procedure involves a reaching task which poses minimal risk to participants and requires about 20 to 30 minutes to complete.

Study participants should be between the ages of 41 and 90, able to walk independently, (occasional use of a cane is acceptable,) and have no history of severe dementia or Alzheimer's disease. Individuals are also required to have good vision with or without glases or contact lenses. For more information on the study, call Barbara Jordan at 206-6865.

Fund Performances

For those invested in the 403(b) Plan and the After-tax plan, here are the latest unit values and monthly factors (as of Dec. 31, 1995). The annualized yield reflects the annual yield that could be achieved if the current monthly rate were compounded for one year.

	Monthly Factors	Annual Rate	Annualized Yield
Savings	0.50%	6.05%	6.13%
Money Mkt	0.43%	5.21%	5.26%
ICCF	0.61%	7.43%	7.58%

	Unit Values	12-month Change	3-year Avg. Annualized Yield
Bond	$73.82	15.1%	8.0%
Equity	$148.31	26.3%	17.0%
Multi-Asset	$18.23	14.4%	10.0%

The investment results, as measured by total return figures given above, represent past performance and should not be considered indicative of future results. If you have questions, please call 476-9256.

Crime Alert

Burglary in dental clinic

UCSF police continue to investigate possible leads from a burglary that was reported Monday, April 29, at a dental clinic at 100 Buchanan St., according to Detective Holly Choy.

Several items were reportedly stolen in the burglary, which occurred when the suspect(s) entered a window in the School of Dentistry clinic during the early morning hours. Police were able to match physical evidence and fingerprints found at the scene to a known burglar in San Francisco. Police continue to investigate his possible involvement in this case, Choy says. Anyone with information about the incident should call the UCSF Investigations Division at 476-6890.

Call for instructional technology proposals

The Instructional Technology Development (ITD) Grant Program is awarding grants for Innovations in Health Sciences Education and Innovations in Medical Education. Applications are due Monday, May 20.

The ITD Grant Program has been established to encourage the development of applied technologies in education that will enhance UCSF curricula in all programs and schools. These grants are available to UCSF faculty, and others with faculty sponsorship, who are interested in developing multimedia and other computer-based tools to assist in the learning, teaching and evaluation processes of UCSF schools and programs. Grants are offered in the $2,500 to $5,000 range for one year of support.

Grant guidelines and application forms are available via GALEN II at http://www.library.ucsf.edu/ic/mdl/resource/grant/

For more information, contact, Gail Persily, Manager of the Multimedia Development Lab, at 476-3766 or persily@library.ucsf.edu.

Get commute news, answer survey

UCSF Parking & Transportation Services will give information about carpool, vanpool, biking and walking to and from the worksite on Wednesday, May 29, from 11 a.m. to 2 p.m. in front of the Millberry Union building. A RIDES commute mobile will be on display at this event when employees will have a chance to sign up and win $1,000 and purchase transit tickets.

At the request of several employees, UCSF Parking & Transportation Services would like to organize vanpools from different Bay Area cities with direct service to Mount Zion, Laurel Heights and SFGH. A minimum of 10 full-time riders including at least two volunteer drivers are required to start a vanpool. Volunteer drivers receive discounted fares based on driving frequency. Monthly fare is based on mileage from pick-up location to worksite. Employees interested in joining a vanpool are asked to fill out, clip and mail the attached survey to UCSF Parking & Transportation Services, Box 0299 or fax the form to 476-0499. For more information, call 476-1511.

UCSF Vanpool Survey

1. Name_____
   Work phone number_____
2. Work Site (circle) Mount Zion Laurel Heights SFGH
3. City of Residence_____
4. Work Schedule Start work _____ am/pm Leave Work _____am/pm
5. How flexible is your start time?_____
   How flexible is your leave time?_____
6. Work Days (circle) Mon Tue Wed Thu Fri Sat Sun
7. Are you willing to drive a vanpool? (choose one) Full Time Part Time Never
8. List 2 convenient or practical boarding locations you prefer
   a.)_____
   b.)_____
9. Please send your comments or questions to UCSF Parking and Transportation Services, Box 0299

For more information, call 476-1511 or 1512.

Medsounds Continued

Operators centralize at Laurel Heights

Following months of logistical planning and testing to iron out any technical glitches, the Parnassus campus telephone operators recently relocated to Laurel Heights, joining their counterparts from Mount Zion.

Handling an estimated 6,000 calls a day, operators will continue to provide the same services, including overhead paging, "Dr. Red" and "Code Blue" coverage. "Being a hospital switchboard operator is very stressful and takes an immense amount of training," says Keith Bastron, telecommunications coordinator. "They're dealing with life-and-death situations all the time."

The centralization of the two UCSF switchboards will allow for cross training of operators (on Mount Zion's PBX system and Moffitt-Long's Centrex system), expanded coverage, on-site management, and, most importantly, a shared database.

"One of the primary goals is to reduce the amount of paperwork the operators have to deal with," Bastron says. "The database will enable them to access information more quickly so they can process more calls."

Information can now be continuously updated as it is received, along with special instructions from hospital staff. Automatic paging is another time-saving feature that will help to increase efficiency. Records of all pages dispatched through the database are retained in the computer for a couple of months.

Town Hall *(from page 1)*

lic benefit corporation.

♦ **SFGH and the VAMC are not part of the proposed merger.** Both institutions will remain primary teaching sites for the UCSF medical school.

♦ **The new corporation likely will have a new name.** It will not be "newco," however. That is simply a working title which means new company or new corporation.

♦ **A new corporation has to be created.** The reason: the merger brings together a public and a private institution. A joint enterprise is impossible unless a third organization is created.

♦ **The new corporation will make its own personnel decisions**. But as Chancellor Martin stated, the proposed merger is intended to preserve excellence, not compromise it, and since both hospitals will remain open, staffing levels may not fluctuate far from current levels. The greater impact may come at the administrative levels where the need to create one structure and avoid duplication could result in substantial reductions in executive and management positions.

♦ **The two medical schools will remain independent.** Both will continue to enroll their own students.

♦ **The new corporation will decide salaries and benefits.**

♦ **There is no decision as yet on retirement programs.** UCSF's retirement plans are more generous than those of comparable hospitals in the community. Chancellor Martin, who described retirement benefits as one of the most important issues still to be resolved, explained that various options now are being considered that might mitigate the impact of differences between the UC Retirement Plan and those that most commonly exist elsewhere.

♦ **There is no decision as yet about relocating existing services.** The new corporation will have to decide what if any services will be moved from one location to another.

♦ **Some staff may be relocated.** Who and how many is unknown. But considering that hospitals and outpatient practices will operate in both San Francisco and Palo Alto, staff will obviously be needed in both locations.

♦ **The University General Counsel has advised that the Regents can approve the merger without the approval of the state Legislature.** The California Constitution and the education code grant the Board of Regents statutory authority to enter into mergers, but UCSF is keeping public officials — including those in the Departments of Health and Human Services and Finance — informed of the progress of the talks.

♦ **The decision about combing any clinical programs would be made in partnership with the faculties of both medical schools**. The criteria that would guide any such decision have not yet been developed. And the hope is that by combining forces, the critical mass of talent assembled and the consequent reductions in duplication and expenses would make many programs stronger. The fact that the two facilities are 40 miles apart, and that they serve different markets, means that they will continue to operate in Palo Alto, San Francisco and other satellite locations. Over time, some smaller programs and services could be combined at one location or another. There are likely to be situations where physicians are the ones doing the traveling back and forth between locations. In the short-term, some of the most intense planning will be in pediatrics, where the two institutions complement each other, and where the advantages of collaboration for patients and students is most clear.

News writer Bill Gordon contributed to this report.

Warm *(from page 1)*

by means of a forced-air cover and intravenous warm fluid. The forced air cover is a disposable quilt inflated with warm air that is placed beneath the surgical drape over the patient.

Body temperature of the unwarmed patients averaged 94.5 degrees Fahrenheit compared to 98 degrees in the patients given extra warming. Study findings showed surgical wound infections were detected in 19 percent of the patients who were allowed to cool during surgery, but in only 6 percent of the patients who were warmed.

Sessler says using forced-air and fluid warming are ways of keeping patient temperature normal without warming the surgical suite. The two warming methods are virtually risk-free and cost only about $30 per surgery, compared to the expense of prolonging hospital stays by five to 20 days, the average if an infection occurs, he adds.

Operating rooms are kept cold both to inhibit bacteria growth in air and for the comfort of the doctors and nurses, who are heavily gowned and working under hot lights, Sessler says. For the patients however, decreasing body temperature impairs the immune system's ability to fight infection, he says. "It turns out that bacteria breeding in the room is not the most critical factor. The most important thing is having the body's defense systems working optimally."

When a person gets cold, blood flow to the skin decreases to minimize loss of body heat. But decreased blood flow also reduces the amount of oxygen delivered to the skin—and oxygen is crucial to fighting infection. Decreased body temperature also directly decreases function of the enzymes that fight infection, Sessler explains.

Preemies *(from page 8)*

babies in this group showed delays in this area, compared to 32 percent of the 25-week group and only 12 percent of those born at 26 weeks.

In assessing the economic impact of 127 preemies, the UCSF team calculated the initial hospitalization costs to produce a surviving baby born at 24-26 weeks to be about $203,000, says Mureen Schlueter, UCSF Cardiovascular Research Institute. The calculation covered the period up to hospital discharge and did not include physician charges and costs for later hospitalization or specialized care.

A comparison of the average cost for a 24-week survivor versus a preemie born only one week later, showed a striking difference, she says. To produce a surviving baby in the 24-week group the average cost was $314,000, while one born at 25 weeks averaged a cost of $190,000. The average for the 26-week group was $173,000.

New protocol for diabetes mellitus

The Medical Center is making available a new protocol for diabetes mellitus, one of the most complex diseases managed in the primary care setting.

The diabetes mellitus protocol is the first of several diagnosis-related protocols that will be available through the Medical Center to assist patient care providers in managing complicated diseases. Protocols for immunosuppressed patients and for cardiology patients are being developed, says Jennifer Henke, a programmer for clinical enterprise systems.

Because patients with diabetes mellitus are subject to severe complications, such as heart disease, kidney failure, stroke, blindness and loss of limbs, UCSF physicians worked with programmers to develop the protocol based on guidelines of the US Preventive Service Task Force. Protocol recommendations include routine lab tests for cholesterol, urine protein and creatinine, and blood glucose levels; regular examination of feet and eyes; vaccination for pneumonia; and instruction regarding self-monitoring, nutrition, disease management and smoking cessation.

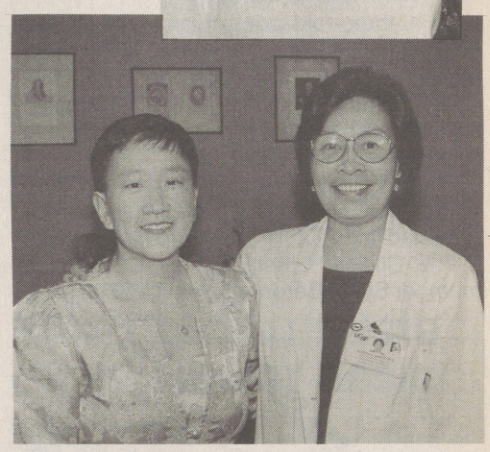
For most outpatient visits at UCSF, health care providers do not have access to the standard medical chart, but instead are given a STOR sheet for each patient. STOR, an acronym for Summary Time Oriented Record, is a customized printout of a computerized medical record that lists a patient's problems, therapies, laboratory results, previous clinic visits and includes their X-rays, hospitalizations and operations, etc.

STOR sheets for patients who are on the diabetes mellitus protocol will include a list of routine procedures that should be done at specified intervals and a set of reminders for procedures that are overdue. No matter which clinic the patient visits, the STOR sheet will include the diabetes protocol. The patient protocol can also be viewed online on STOR/CDS or Clinical Display Systems. Although not widely understood, STOR and CDS are different versions of the same patient database system. The only difference is that they offer different ways to access the same information. For more information on the new diagnosis related protocols, contact Henke at 476-4792.

Recognize *(from page 8)*

Photos by Lisa Cisneros

Those honored at the recent nursing award ceremonies included, Scott Stewart with a pleased patient at left; Judi Kletter, immediately below; and Denise Powell and Nenita Arroz of Mount Zion.



At a special graduation ceremony at Laurel Heights, Jane Hirsch, director of nursing, and Schroffel awarded diplomas to 280 employees who completed a training program that taught them new skills for the roles of patient care and patient services assistants.As part of the team approach to patient care at UCSF, these roles combine ancillary and support duties of patient transport, stocking, housekeeping, EKG and food tray delivery under the direction of the new organizational structure created last August. Patient care assistants will assume phlebotomy duties as of June 1.

Speaking at the annual awards ceremonies at Mount Zion and on Parnassus to commemorate National Nurses Week, Hirsch said that health care staff face challenges and opportunities during this period of transformation when reengineering is a "way of life." Despite the constant change in the health care industry, Hirsch said, nurses will continue to design and direct tasks at the Medical Center to maintain its high-quality patient care services. "I have great pride in our department and have complete confidence that we can thrive despite all the challenges we face," she said.

At the nursing awards ceremony in Mount Zion's Herbst Hall, Director Marty Diamond expressed his faith in Hirsch, admiring her "energy, responsiveness and can-do attitude" and describing her as "one of the most critical advocates of patient care."

Highlights of the nursing awards ceremonies included a presentation by Judi Kletter, a registered nurse who was named the 1996 Distinguished Nurse Award winner for her study on patient compliance to discharge instructions issued in the Emergency Department at Moffitt hospital. The study has prompted the Emergency Department to give patients computer-generated discharge instructions, complete with diagnosis and follow-up treatment, a method that has improved patient compliance to the instructions, Kletter said.

Also, the preceptors who took part in the patient care redesign project received awards as did dozens of others who were singled out for nursing recogntion awards.

Major nursing award winners included:

Moffitt/Long: Aric Alexander Excellence in Pediatric Nursing: Lisa Stewart; Excellence in Perinatal Nursing: Kathleen Berriatua; Transplant Nursing Award for Clinical Excellence: Camille Bennett; Dept. of Medicine Award for Excellence in Medicine Nursing: Vanessia Marasigan; Clifford K. and Avola Wilson Award for Excellence in Critical Care Nursing: Joseph McGee; Excellence in Cardiovascular Nursing Award: Debbie Dempel; Sophie Robinson Award for Excellence in the Care of Complex Oncology Patient/Family: Scott Stewart.

Mount Zion: Perioperative Teaching Award: Peggy Colivas; the Award to Nurse Educator for Excellence in Providing Education for the Patient Care Team Project: Micaela Presti; and the Kevin Fitzgerald Memorial Preceptor Award: Kari Whitley.

Volume 11, Number 10 May 18-31, 1996

UCSF Medsounds

Page 1 . . . UCSF officials make case for Stanford merger

Page 2 . . . Gold-Headed Cane nominees describe "true physician"

Page 3 . . . UCSF tests corneal ring for nearsightedness

Transplant recipient carries torch

After undergoing a life-saving lung transplant at UCSF in October 1994, Mary Cromwell of Alameda was one of several local heroes to carry the burning Olympic torch in a relay through the Bay Area.

Karen Preuss

Cromwell, who was diagnosed with a terminal illness requiring a lung transplant in 1991, faced an uphill battle after her health insurance company refused to cover the surgery because she had a mild form of systemic Lupus, an autoimmune disorder. A former mechanical engineer in the oil and gas industry, Cromwell had to fundraise and mount a legal appeal while raising a child and working.

With the help of supporters, Cromwell eventually won her appeal with the insurance company, received a transplant and now dedicates much of her time to patient support and education issues. She attends the very active UCSF heart/lung support group, co-edits a transplant newsletter and established a fund to help patients.

Like other torchbearers, Cromwell was selected for her devotion to social ideals. "It was unbelievably awesome," Cromwell says of her trek with the torch. "The excitement level was a lot like going in for a transplant except without the terror element. I was very honored to be accepted and am very grateful for the transplant program at UC for allowing this to be possible."

The torch's three-day trip around the Bay was part of its transcontinental journey that culminates in Atlanta for the summer games on July 19.

Medical Center recognizes good work

By LISA CISNEROS

In separate activities acknowledging the hard work of staff, the Medical Center revived its employee recognition program, graduated its first class trained to be part of patient care teams and commended excellence in nursing.

At the request of Director Bill Kerr, a committee has revitalized the Medical Center's recognition program to consistently show appreciation to staff for the fine contributions they make daily as well as for their major accomplishments.

"We are sensitive to the fact that this is the most difficult period in the history of the Medical Center," says Bruce Schroffel, director of operations. "We know that recognizing employees will not alleviate their concerns about the uncertainties of the future, but it's a way to show our appreciation for their continuing contributions in patient care."

With an initial kickoff event during this, Hospitals Week, Medical Center administrators made the rounds to thank staff who were praised by colleagues and patients alike for demonstrating behaviors which actively support the philosophy articulated in the mission statement, "Healing, grounded by learning, and supported by acts of personal kindness." The personal tributes are posted throughout the Medical Center. Lawranese Sims of UCSF Women's Health

A retrained employee gets a diploma.

Access at UCSF/Mount Zion was among the many employees whose service is commended. "Laura consistently goes out of her way in her treatment and care of our patients," wrote a colleague. "She is always looking for ways to increase our patients' comfort level and feelings of well-being." A patient who stayed on 7 Pediatrics on Parnassus wrote, "I feel that the complete hospital staff, volunteer workers, custodians, housekeepers, nurses, doctors, everyone was equally kind as if they were all in competition to win an Oscar for compassion and helpfulness."

(See **RECOGNIZE** *on page 7)*

Studies show problems with preemies

By CORINNA KAARLELA

Premature babies born beyond 24 weeks have fewer neurological problems and lower hospital bills, UCSF researchers reported at the annual meeting of the American Pediatric Society/Society for Pediatric Research.

In two studies, a team of UCSF researchers compared preemies born at 24-, 25-, and 26-weeks gestation during 1990-94. The team found that 24 weeks appears to be a critical stage in development; a normal pregnancy is 40 weeks.

"What these two studies tell us is that it is vitally important for all pregnant women to participate in a good prenatal care program so they will be identified as being at high risk for premature birth," says Augusto Sola, director of neonatal clinical services at UCSF and senior investigator of both studies. "Then, with appropriate follow-up care, every effort can be made to delay the birth as long as possible or even to bring the baby to term."

UCSF researchers also reported results from a third study that found survival rates of premature infants in this age group range from about 50 to 80 percent, according to Sarah Kilpatrick, director of inpatient obstetrics at UCSF and lead author of that study. While results are important for clinical decision making by parents and the medical team, these findings also emphasize the importance of making all appropriate efforts to prolong gestation beyond 24 weeks, researchers say.

That study, which looked at the incidence of major medical problems in 141 preemies who were born at UCSF during 1990-94, found that about 50 percent of preemies born at 24 weeks who were resuscitated did survive, but suffered complications like brain hemorrhage, early stages of blindness, and chronic lung disease. For preemies born at 25-26 weeks, survival is around 80 percent and rates of serious complications are significantly lower.

Current data on survival rates of preemies is insufficient because the majority of information is based on studies done before life-saving treatments became standard practice in perinatal centers like the one at UCSF, Kilpatrick says.

Similarly, most of the previous research into problems of preeemies has focused on outcomes related to birth weight and results have been inconclusive. That's why researchers looked at neurological development of 85 preemies born at UCSF when the babies ranged in age from 10 months to 48 months. Researchers evaluated the preemies according to gestational age, explains Robert Piecuch, director of the UCSF Intensive Care Nursery Follow-up Program.

Findings showed the incidence of moderate or severe problems related to motor development—such as cerebral palsy—was not statistically significant and was similar for babies in all three groups, say Piecuch. Fifteen percent of infants who had been born at 24 weeks had problems, compared to 18 and 12 percent in the 25- and 26-week groups, respectively, researchers say.

Neurological development that incorporated mental ability, such as thinking and remembering, however, was very poor for infants born at 24 weeks. Fifty percent of

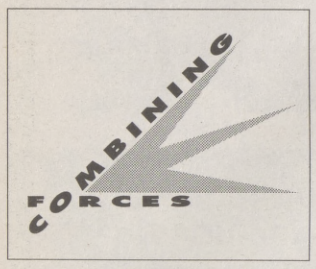
(See **PREEMIES** *on page 7)*

PACE project to redefine patient flow

By GAIL GORDON

With a three-fold goal of providing better service for patients, managing care more closely and lowering operating costs, five UCSF project teams are at work designing the software for a new computer system to re-engineer patient flow.

Formerly called ACIS (Ambulatory Care Information System), the project was recently renamed to PACE (Patient/Provider Access to the Clinical Enterprise) by UCSF staff member Steve Baron, who won a $500 prize for the acronym.



"This is a very strategic project in that it is the first major system to be installed throughout the Clinical Enterprise," says Ron Schumacher, chief information officer of the Clinical Enterprise systems. "The PACE project will redefine the current patient flow and also lay the basic infrastructure needed for future system expansion."

Project design teams are comprised of representatives from the School of Medicine, the Clinical Practice Organization, and the Medical Center. "One of the key outcomes of this project will be the new working relationships that form throughout the Clinical Enterprise. We are not only integrating systems, but different cultures as well," Schumacher adds. Last spring, UCSF's Clinical Executive Board, the policy-making body for the clinical enterprise, agreed to invest some $12 million to purchase hardware and software and implement new procedures to upgrade the Medical Center's aging computer network.

By March of 1997, a single, integrated system to handle patient management should be in place. "We are trying to create more of a 'one-stop shopping' experience for patients, explains Laura Gargano, project operations manager. "The current system, which requires patients to sign in at 400 Parnassus, doesn't lend itself to ease of registration from all points within the organization."

The new system will enable anyone who is trained in registering patients, including collecting demographic and insurance information, to perform this function wherever services are provided. The decentralization of registration should help resolve problems of patient delays and unobtained insurance authorizations.

"We would like to be able to have patients pre-registered by phone before they step through the doors, creating a single patient database accessible to everyone throughout the enterprise," Gargano says.

Additional advantages of PACE include a single, online patient record for outpatient and inpatient charges and an integrated delivery system. In this way, all current systems (scheduling, admitting, billing, discharge transfer and managed care) will be electronically linked.

Last week, UCSF staff members had the opportunity to preview the new system. More than 75 people from various departments showed up for a hands-on demonstration of the registration prototype. Their comments will be used for future design changes on the registration screens. Overall, the response was very positive, Gargano says. One person commented that the system was "logical, easy, and straightforward," she reports, while another echoed the sentiments of many: that the information system is "long overdue."

The design team is committed to obtaining feedback from future users, and as more screens are designed, such as patient admission and insurance collection, subsequent demonstrations will be held. Staff are strongly encouraged to attend these sessions.

Please e-mail questions or comments to Karen Dickinson, project manager, at karen_dickinson@ucsfdgim.ucsf.edu, or call her at 476-1464.

Shorter dosing plan for hepatitis B works

UCSF researchers studying the effectiveness of the hepatitis B vaccine in teenagers have found that giving a series of immunizations over a four-month period offers the same protection as the current standard six-month dosing schedule.

The finding is important because the shorter period is easier for schools to administer in mass immunization programs, which could encourage more institutions to participate, says Leslie Walker, a fellow in the UCSF division of Adolescent Medicine and a member of the research team. "This is now the first study to determine efficacy of the shorter schedule," says Walker, who presented study results at the annual meeting of the American Pediatric Society/Society for Pediatric Research.

Another important finding is the fact that three teens of the 160 who enrolled in the study tested positive for hepatitis B infection, Walker notes. "These teens did not know they were carriers and possibly were engaging in behavior that put others at risk. This underscores the importance of identifying teens who are at risk for contracting hepatitis B and educating them about the dangers of spreading the infection and their lifestyle choices."

Teenagers are a prime target group for immunization programs because the hepatitis B virus is commonly spread through direct contact with the blood or body fluids of an infected person, such as through drug use that involves sharing needles or by having sex with someone who is infected, Walker adds.